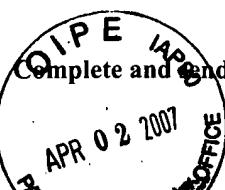


PART B - FEE(S) TRANSMITTAL



Complete and sign this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

03/14/2007

Brian Kolkowski
Orbital Research Inc.
6340 Taylor Road
Leroy, OH 44077

04/03/2007 SFELEKE2 00000073 10766225

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700.00 OP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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		(Depositor's name)
		(Signature)
		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/766,225	01/28/2004	Troy Prince	ORB-024	2876

TITLE OF INVENTION: AIRCRAFT AND MISSILE FOREBODY FLOW CONTROL DEVICE AND METHOD OF CONTROLLING FLOW

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	06/14/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
SWIATEK, ROBERT P		3643	244-003210			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cleveland, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
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A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

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